

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name	Telephone Number	Date of Ins	nection	PERMIT#
	4/2-590-33/3	(mm/dd/yr		I A
Establishment Address (number and street, city, state, zip code)	1 1/2 3/4	7-10	119	19-
Establishment Address (number and street, city, state, zip code) 330 Vincennes St New Albany, IN 47150 Owner	812-417-8885	1-10	/~/ !	340
Owner	Purpose:	Follow-u	n Releas	e Date
Robin Hankins	1. Routine	NO		lays
Owner's Address	2. Follow-up	Summary of Violations:		
	^	Summary	or violation	.s.
Person in Charge	3. Complaint	~ OX	$_{NC}3$	- W
Tammy Reynolds	4. Pre-Operational	90	NC_S	_ × -/
Responsible Person's E-mail	5. Temporary	Menu Typ	e (See back	of page)
	6. HACCP	7.		
Certified Food Manager	7. Other (list)	1 2	3 V	4 5
Robin Hawkins 6-26-23				
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"				
Section# C/NC R T Narrative			To Be Co	rrected By
	bar leaking		2 1	1VC
			. <u> </u>	7/3
	pair,		, ,	
297 NC Observed handles of refrigerator to today				
be sticky and in new	ed of cleaning	9.		<u> </u>
392 NC Observed dumpster lid	opeu,	•	COM	icted
				· · · · · · · · · · · · · · · · · · ·
				<u> </u>
				· · ·
	· 			·
Received by (name and title printed): Inspected by (name and title printed):				
Received by (signature): Received by (signature): Momas Suider, EHS Inspected by (signature): Momos Shith				
Received by (signature): Inspected by (signature):				
Commit & under Britingles Kromoschish				
/cc; cc; cc;	<u> </u>	ce:	_	